



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **18253 COLIMA RD #204, ROWLAND HEIGHTS, CA 91748**

TELEPHONE: **(626) 215-9498**

OWNER OF BUSINESS: **FANGDE GAO**

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **DAILY BODY CARE**

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

| | <u>APPROVED</u> | <u>DATE</u> | <u>SIGNATURE</u> |
|---|-----------------|-------------|------------------|
| <input type="checkbox"/> 1. Animal Care & Control | | | |
| <input type="checkbox"/> 2. Risk Management | | | |
| <input checked="" type="checkbox"/> 3. Building & Safety | YES | 04/29/16 | nlove |
| <input checked="" type="checkbox"/> 4. Fire Department | YES | 12/08/15 | tchen |
| <input checked="" type="checkbox"/> 5. Public Health | YES | 12/16/15 | tchen |
| <input type="checkbox"/> 6. Treasurer & Tax Collector | | | |
| <input checked="" type="checkbox"/> 7. Business License Commission | | | |
| <input checked="" type="checkbox"/> 8. Sheriff Department | YES | 04/08/16 | nlove |
| <input checked="" type="checkbox"/> 9. Regional Planning Commission | YES | 10/21/15 | tchen |
| <input type="checkbox"/> 10. Weights and Measures | | | |
| <input checked="" type="checkbox"/> 11. Publishing | YES | 05/05/16 | tchen |
| <input type="checkbox"/> 12. Public Works - EPD | | | |
| <input checked="" type="checkbox"/> 13. Sheriff Fingerprint | YES | 04/08/16 | nlove |
| <input type="checkbox"/> 14. Emergency Medical Services | | | |

Conditions: --ALL CORRECTIONS ARE COMPLETED



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 142769

BUSINESS INFORMATION

| | | |
|---|---|--------|
| Type of Business: <u>Massage Parlor</u> | Address of Business: <u>18253 Colima Rd #204, Rowland Heights</u> | |
| | Business Telephone: <u>CA 91748 626-581-4928</u> | |
| DBA (Business Name): <u>daily Body Care</u> | Mailing Address: <u>[REDACTED]</u> | |
| Sellers Permit # (State Board of Equalization): _____ | | |
| Business Ownership Structure: Single Owner _____ Partnership _____ LLC _____ Corporation _____ If LLC or Corporation, the information below is required: | | |
| Date of Incorporation: _____ | Incorporated in the State of: _____ | |
| Exact Corporate Name: _____ | | |
| Names of Officers | Addresses | Titles |
| | | |
| | | |
| | | |
| | | |

APPLICANT INFORMATION

| | | |
|---|----------------------------------|---|
| Applicant's Full Name: <u>FANG DE GAO</u> | | |
| Home Address: <u>[REDACTED]</u> | | |
| Home Telephone: <u>[REDACTED]</u> | Cell Phone: <u>[REDACTED]</u> | Email address: <u>fangdegao2012@gmail.com</u> |
| Social Security #: <u>[REDACTED]</u> | Date of Birth: <u>[REDACTED]</u> | Place of Birth: <u>[REDACTED]</u> |
| Driver's License or State ID#: <u>[REDACTED]</u> | | Expiration Date: <u>[REDACTED]</u> |
| Male <input checked="" type="checkbox"/> Female _____ | Height: <u>[REDACTED]</u> | Weight: <u>[REDACTED]</u> |
| Hair Color: <u>[REDACTED]</u> | | Eye Color: <u>[REDACTED]</u> |

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 10-20-15 Applicant's Signature: FANG DE GAO

Application taken by: Tony Date: 10/20/15

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 18253 COLIMA RD #204, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 215-9498

OWNER OF BUSINESS: FANGDE GAO

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: DAILY BODY CARE

MAILING ADDRESS [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FANGDEGAO2012@gmail.com

BUILDING & SAFETY
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

All Corrections are Completed.

SIGNATURE: [Signature]

DATE:

3/9/16

BASIC LICENSE NO. 5910

DATE 10/21/15

IDENTIFICATION NUMBER 142769

3232637342

04:50:40 p.m. 11-03-2015

6/16

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 18253 COLIMA RD #204, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 215-9498

FS-145-13A

OWNER OF BUSINESS: FANGDE GAO

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: DAILY BODY CARE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 11-18-15

BASIC LICENSE NO. 5910

DATE 10/21/15

IDENTIFICATION NUMBER 142769

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 18253 COLIMA RD #204, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 215-9498

OWNER OF BUSINESS: FANGDE GAO

CAL. DR. LIC.# [REDACTED]

UNINCORPORATED

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: DAILY BODY CARE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

WEST COLIMA

PUBLIC HEALTH
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

[Handwritten Signature]

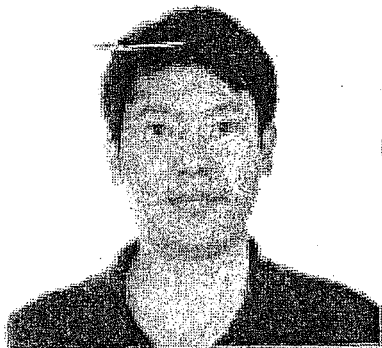
DATE: _____

12/16/15

BASIC LICENSE NO. 5910

DATE 10/21/15

IDENTIFICATION NUMBER 142769



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

311 Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

15-01164

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 18153 COLIMA RD #204, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 715-9498

OWNER OF BUSINESS: FANGDE GAO

CAL. DR. LIC. #: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: DAILY BODY CARE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

Approved

SIGNATURE:

W/D S3447

DATE:

4/7/16

BASIC LICENSE NO: 5910

DATE: 10/21/15

IDENTIFICATION NUMBER: 141700

*10/21
10/20*

Spec. # 10 10642 7304

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: ~~365.00~~
\$365.⁰⁰

TELEPHONE: (213) 974-2011
FAX: (213) 633-5427

DATE: August 26, 2015

ID#: _____

TYPE OF BUSINESS AND CODE: Massage Parlor

BUSINESS ADDRESS: 18253 Colima Rd. #204

CITY: Rowland Heights, CA 91748 APN#: 8270-006-037

NAME OF OWNER: Fang De Gao PHONE#: [REDACTED]

D.B.A./NAME OF BUSINESS: Daily Body Care CELL PHONE#: [REDACTED]

MAILING ADDRESS: [REDACTED]

E-mail ADDRESS: mail to business address

To be completed by Regional Planning

RBUS 201500447

EXISTING USE: New () Renewal ()

PROJECT # R2015-02650

CELL PHONE #: _____

USE PERMITTED IN ZONE Yes - to 1/1/20 USE NOT PERMITTED IN ZONE: _____

APPROVED Yes DENIED: _____

REMARKS: Approved for massage use pursuant to RPP 201101281. This use is permitted only to January 1, 2020. At such time no massage uses will be permitted in Zone C-1 Approval for unit #204 only.

DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, ROOM 1360
HALL OF RECORDS
LOS ANGELES, CALIFORNIA 90012

SIGNATURE: [Signature] DATE: 9-29-2015